University of Evansville
Fraternity Recruitment Registration

Please type or print legibly in black/blue ink and fill out completely.

Name _____
Last First Preferred

Permanent Address _____

City _____ State _____ Zip Code _____

Home Telephone ( ) _____ Home E-mail _____

Birth Date _____/_____/_____ Circle College Class FR SO JR SR

University/Campus Address _____

Campus Telephone ( ) _____Campus E-mail _____

Father's First and Last Name _____

Father's Address (if different from yours) _____

Mother's First, Maiden and Married Name _____

Mother's Address (if different from yours) _____

High School _____

H.S. Rank _____in a class of _____H.S. GPA _____on a scale of _____

If Transfer, Name of University _____

College Major _____ GPA _____

Please list below any direct relatives affiliated with Greek letter organizations:

Fraternity _____Relationship _____University _____

Fraternity _____Relationship _____University _____

Fraternity _____Relationship _____University _____

Please list below any honors and/or activities (including church and community activities)

_____

_____

_____

Student Information Release

In compliance with the Family educational Rights and Privacy Act of 1974, I hereby grant the University of Evansville the right to release the needed academic information for fraternity association and initiation to the Interfraternity Council. My termination from recruitment or fraternity membership will void this release.

Student Signature _____ Date _____

Mail this form to:

University of Evansville
Interfraternity Council
Ridgway University Center
1800 Lincoln Avenue
Evansville, IN 47722

For more information, contact the Greek Advisor at 812/488-2371 or by e-mail at cf107@evansville.edu.